A differential diagnosis to “growing lipoma”

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Dear Editor:

We read with interest the article by Kim et al. [1] on regrowing lipoma in lipomyelomeningocele (LMMC). It is indeed a very interesting clinical phenomenon.

We would like to make some pertinent observations. LMMC with a growing lipoma may represent a relatively benign situation unless the patient becomes symptomatic again.

We illustrate a differential diagnosis to this condition that we have recently encountered in our experience.

A 7-year-old boy with a history of detethering surgery at 2 years of age at a hospital abroad for LMMC presented to us with worsening neurological symptoms and signs. His pathological diagnosis documented then was “fibrolipoma.” Magnetic resonance imaging revealed a low-lying cord with a conus medullaris lesion with hypointense cystic area and lipoma (Fig. 1). With a provisional diagnosis of retethering, an exploration was performed. The exploration revealed a dermoid of the conus, with all its classical pathological features.

In the event of patient operated for LMMC becoming symptomatic, undoubtedly, retethering would remain the primary diagnosis. Along with a growing lipoma, a diagnosis of a dermoid at the location should also be considered. A predominantly lipid containing dermoid due to its content may mimic a LMMC on routine MR sequences [2]. In addition, there have also been case reports of a co-existence of these two pathologies [3].

Hence, caution should be exercised before a radiological diagnosis of a growing lipoma is made. The possibility of dermoid adds a dimension to patient counseling, surgical planning, and to the long-term prognosis.

Fig. 1 T1-weighted MR sequence showing a low-lying cord with a conus lesion. The lesion had hypointense cystic area (mimicking a terminal syrinx) and lipoma. The image also shows evidence previous laminectomy

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